State of California  See Instructions and *Privacy Statement on Reverse Side  TRAVEL EXPENSE CLAIM  Traveler ID Unit Code 210  STATE OF CALIFORNIA  STATE OF CALIFORNIA  STATE OF CALIFORNIA  Traveler ID Unit Code 210  STATE OF CALIFORNIA									Р	age	of	Page		
AIMANT'S NAME	MANT'S NAME SSN OR EMPLOYEE NUMBER*								DEPARTMENT					
Karen Baker 2008-2009				<b>,</b>			269-52-5702				OF	'K	IPCA#	· · · · · · · · · · · · · · · · · · ·
Secretary of Volunteering and		CB/ID NO.: EXEMPT				California Volunteers						11000		
							0 K Street Suite 210						916-323-7646	
SITY		ATE			CITY	CITY Sacramento				STATE CA		ZIP CO 95814		
Sacramento    MONTH/YEAR   (3)			CA 9:		MEALS	1 000	(6)					DRTATION		(9)
Sep 2009 LOCATI WHERE EXP WERE INCU		ION	LODGING	(3)	MILAGO	O.T.,L/T, N/C, RELO. OR DINNER	]	(A)	(B)	(C)		(D)	(8)	TOTAL
		URRED		BREAK- FAST	LUNCH					CARFARE, TOLLS, PARKING	PRIVATE CAR US		- BUSINESS	EXPENS FOR D
1,111,1												\$0.00		\$0
/24, 0600	Sac/San Frar	ncisco/Sac								\$8.00	192	\$105.60		\$113
1600										·		\$0.00		\$0
+ +							·					\$0.00		.\$
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						门屋	हें ह	VE	-			\$0.00		\$
												\$0.00		\$
					14	<del>                                     </del>	T 2 1					\$0.00		\$
						FFICE OF	PLANNING	& PECEAR		<u> </u>		\$0.00		\$
						TO BILLY	STRATIVE :	ERVICES				\$0.00		\$
<u> </u>	7.10			· · · · · · · · · · · · · · · · · · ·								\$0.00		\$
												\$0.00		\$
<u> </u>						<u> </u>						\$0.00		
SUBT	OTALS									\$8.00	\$192	2 105.6	·	\$11
	Lumn code (ac	CTG USE ON	<b>Y</b> ()											
										CLAIM	TOTA	└ \$	\$	113.
1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(13) NOBWAL WORK HOLIES			
tended Ba	ay Area Volunt	eer Leaders	Forum a	and Pres	sidio Tru	st Lunch					(13)	PRIVATE VE	HICLE LICEN	SE NUN
							•				(14	) MILEAGE R	4ybd.	
											18.8	NEVEX ELE	OUNTING	1861
			•							<del></del>		Ų\$	E ONLY IG FUND CHE	
											1		\$0	.55
REBY CERTIFY Itely owned vehi ned, and that I h	Y That the above is a true icle was used, and if mile lave met the requirement	e statement of the tra eage rates exceed the s as prescribed by \$	avel expenses e minimum ra SAM Sections	incurred by i te, I certify th 0750, 0751,	me in accorda at the cost of 0752, 0753, a	nce with DPA operating the nd 0754 pertain	rules in the s vehicle was e ining to vehi <u>c</u>	ervice of the St qual to or grea le safety and s	ate of ( ter thar eat belt	Jaiifornia. If the rate usage,				
	GNATURE,			DATE /	····		·				1	PAYMENT	In a mer	